

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4		2				
5						
6						
7						
8						
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20						
21	1					
22		1				
23		2				
24		1				
25		1				
26		1				
27		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	38					
TOTAL CLAIMS	40					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						